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September 10, 2002

RECEIVED

William Maher, Chief Wireline Competition Bureau Federal Communications Commission 445 12th Street, SW Washington, DC 20554

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E: West River Telecommunications Cooperative

CC Docket No. 92-105, FCC 01-151

Universal 911 Dialing – First and Second Transition Report

Dear Mr. Maher:

Transmitted herewith on behalf of West River Telecommunications Cooperative ("West River") is its Universal 911 Dialing – First Transition Report pursuant to the Commission's Fifth Report and Order. Because of an administrative oversight, West River is filing the First Transition Report after the March 11, 2002 deadline. In the report, West River certifies that as of January 1, 1995, the local exchange facilities now owned by West River had completed the steps necessary to properly route 911 calls in the localities covered by the report. Accordingly, this report satisfies the requirement to file a Second Transition Report.²

Please contact the undersigned with any questions.

∕John Kuykendall

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In the Matter of Implementation of 911 Act; The Use of N11 Codes and Other Abbreviated Dialing Arrangements: Fifth Report and Order CC Docket No. 92-105, First Report and Order WT Docket No. 00-110, Memorandum Opinion and Order on Reconsideration CC Docket No. 92-105 and WT Docket No. 00-110, 16 FCC Rcd 22264 (2001) ("Fifth Report and Order").

See Carrier Transition Reports for Implementation of the 911 Abbreviated Dialing Code Pursuant to the Wireless Communications and Public Safety Act of 1999 (911Act): Public Notice, CC Docket No. 92-105, WT Docket No. 00-110, DA 02-507 at 2 (rel. Mar. 1, 2002) (allowing carriers to submit a certification with the first transition report in lieu of filing a second transition report).

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Note: This is a sample template, it is not an OMB approved form. Universal 911 Disting- First Transition Report Please read Instructions before completing Section 1 Carrier Identification Information Parent Company Name West River Telecommunications Cooperative Service Provider Name West River Telecommunications Cooperative(Mobridge) Company Address, City, State, Zip 101 West Main PO Box 467 Hazen, ND 58545 Service Provider Type □Wireless XX Wireline Wireline Name(s) of Wireless License Holder(s) N/A Contact Name Blaine L. Lemer Contact Tel # 701-748-2211 Fax# 701-748-6800 E-mall Address blainel@westriv.com Section 2 Local Area 911 Implementation List all Individual local areas covered by this report (e.g., Lee County, Virginia): Northeast corner of Dewey County, SD served by the Mobridge Exchange (605-845)

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
Calls are routed to North Central Regional E911 Center, 110 1st Ave. East, Mobridge, SD
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(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.
West River purchased the local exchange company from Qwest in 1996. At the time of purchase, the Mobridge Exchange (605-845) Dewey
County residence had Enhanced 911 service to the Regional 911 Center. Qwest has Informed West River that this service was implemented in December 1994. Accordingly, the Mobridge exchange has had 911 and E911 service since January 1, 1995.
becomes 1771. Recordingly, and recordings has red 711 and 6717 strate since january 1, 1775.
(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
N/A
Section 3
911 Implementation Problems
(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational
problems carrier has experienced during the initial transition stages. N/A
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorides.
N/A

Section 4	
Certification - 1	To be signed by an authorized representative of the reporting entity
the be	fy that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to set of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the of the above-named company.
the best of my	ify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has steps necessary to properly route 911 emergency calls in the localities covered by the report as of <u>lanuary 1, 1995</u> .
Signature C	Who I Jany
Printed name of	authorized representative Albert Grosz
Title CEO/Ge	neral Manager
Date Septemb	per 6, 2002
This filling is:	X <u>original filing</u> revised filing
PERSONS MAK	SING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER
TITLE 18 OF T	HE UNITED STATES CODE, 18 U.S.C. \$1001.